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## FACSIMILE COVER SHEET

August 5, 1996

TO: Mr. B. Gregory, Group Art Unit 2202

FAX #: (703) 306-4195 CONFIRMATION #:

CLIENT SYMBOL-CASE #: 17957-15

FROM: Donald W. Muirhead

EXT: 1257 USER #: 6175

TOTAL PAGES SENT: 11

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TO THE COMMISSIONER OF PATENTS AND TRADEMARKS  Transmitted herewith is an amendment in the above-identified application.  (x) Small Entity status of this application has been established under 37 CFR 1.27-by a verified Statement previously submitted.  () A Verified Statement to Establish Small Entity Status under 37 CFR 1.27 is enclosed.  (x) No additional fee is required.  (1) The fee has been calculated as shown below:  CLAIMS AS AMENDED  (1) (2) (3)  CLAIMS REMAINING AFTER PREVIOUSLY NUMBER PRESENT NUMBER PREVIOUSLY PAID FOR EXTRA RATE FOTAL CLAIMS  OTAL CLAIMS *46 minus *26 0 x \$22 0 0 x \$78 0 0		Dooket Number (Optional)						
OR/836,854 April 23, 1998 Cammer Gregory, B. Gregory, B. Ar Unit 2202 Impention Title IMPROVED METHOD FOR CERTIFYING PUBLIC KEYS IN A DIGITAL SIGNATURE SCHEME  TO THE COMMISSIONER OF PATENTS AND TRADEMARKS  Transmitted herewith is an amendment in the above-identified application.  (x) Small Entity status of this application has been established under 37 CFR 1.27-by a verified statement previously submitted.  (x) A Verified Statement to Establish Small Entity Status under 37 CFR 1.27 is enclosed.  (x) No additional fae is required.  (x) No additional fae is required.  (1) The fee has been calculated as shown below:  CLAIMS AS AMENDED  (1) (2) (3)  CLAIMS AS AMENDED  (2) (3)  CLAIMS AS AMENDED  (3) (4) (2) (3)  CLAIMS AS AMENDED  (1) (2) (3)  CLAIMS AS AMENDED  (2) (3)  CLAIMS AS AMENDED  (3) (4) (2) (3)  CLAIMS AS AMENDED  (4) (2) (3)  CLAIMS AS AMENDED  (5) (7) (3) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Application Number					U/1	7957-001	5
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then divide total fee by 2, and enter amount here.  If the sntry in column 1 is less than the entry in column 2, write "0" in column 3.  If the highest number previously paid for in THIS SPACE is less than 20, enter "20".  If the highest number previously paid for in THIS SPACE is less than 3, enter "3".  Thighest number previously peid for" (total or independent) is the highest number found in the appropriate box in column 1.  (1) Please charge Deposit Account Number 06-1448 in the amount of \$ A duplicate copy of this sheet is enclosed.  (2) A check in the amount of \$ to cover the filling fee is enclosed.  (3) The Commissioner is hereby authorized to credit any overpayment or charge any deficiencies to our Deposit Account Number 06-1448. A duplicate copy of this sheet is enclosed.  I hereby certify that this correspondence is being feesimile transmitted to the Petent and Tredemark Office (Fex Nd. (702) 306-4195)) on August 5, 1998.  August 5, 1996		Manage						0
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